

Dual Certification Request Form

WTU Bargaining Unit Members only

INSTRUCTIONS: Submit this application with all required documentation to the Licensure & Highly Qualified (HQ) Unit, Office of Human Resources, 1200 First Street NE, 10th Floor, Washington DC 20002. Retain a copy for your records.

Name of employee:	Position Title:	Social Security No.:
_____	_____	_____ - _____ - _____
Last	First	Middle
School Site _____		Home/Cell telephone _____ - _____ - _____
Home address: _____		
No. and Street	City/State	Zip code
Email address _____		

Check the area(s) of dual certification. You must have received your first license in one of the below areas **on or after October 1, 2004**.

READING _____ **MATHEMATICS** _____ **SPECIAL EDUCATION** _____ **PHYSICS** _____ **CHEMISTRY** _____ **ESL** _____

Date of receipt of Dual Certification: _____

1. Attach copies of your dual certificates.
2. Attach a copy of your most recent annual performance evaluation or have your supervisor sign below indicating the most recent annual performance evaluation of "Meets Expectations" or higher.
3. Dual certification is applicable to those conditions outlined in Article XLI(k2) of the WTU Collective Bargaining Agreement

Signature of Employee

_____/_____/_____
Date

Signature of Supervisor (indicates teacher has at least a "Meets Expectations" or higher on the most recent annual performance evaluation)

_____/_____/_____
Date

Incentive Payment: For OHR Usage Only

Permanent:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dually Certified in applicable area:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current WTU Member:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dual cert. date is after 10/1/04:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
First certification is STD/PROF:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dual Cert is STD/PROF:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Active DCPS employee:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

☐ Approval of \$1,500

☐ Not Approved. Does not meet the following requirement(s) _____

Signature, Highly Qualified Program Administrator

_____/_____/_____
Date